



DRA ANNUAL CONFERENCE

Astor Crowne Plaza, New Orleans
Corner of Bourbon & Canal Streets

October 20-21, 2004

REGISTRATION

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Title: _____

Special Needs

Please indicate if you or your guest has any special needs or dietary restrictions in order to participate fully in this conference.

There is no registration fee to attend this conference. Please indicate below which “mini” conference you would like to participate in.

_____ Healthcare as an economic engine

_____ Higher Education/Economic Development

_____ Economic Development/ Tourism

Please indicate what events you will attend during the Conference

_____ **Wednesday Night Reception**

_____ **Thursday Lunch**

_____ **Thursday Night Reception**

You may either Fax your form to: Attn: Bevin Hunter at (662)-624-8537

E-mail your form to bevin@dra.gov

Or Mail your form to: Attn: Bevin Hunter
236 Sharkey Ave
Suite 400
Clarksdale, MS 38614

If you have questions regarding the conference please e-mail Bevin Hunter at bevin@dra.gov

If you need other information about Delta Regional Authority please go to www.dra.gov